

**ADDRESS AND OTHER INFORMATION CHANGE FORM**  
**for**  
**State Personnel Board/CPS**  
**Administrative Hearing or Medical Interpreter**

**Directions:** Complete this form making sure you print clearly. You **MUST** include all information requested, including proof of name change\*. Return your completed form to:

**CPS Human Resource Services**  
**Interpreter Program**  
 241 Lathrop Way  
 Sacramento, CA 95815  
 (916) 263-3600

<b>Name</b>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding: 0 10px;"> <span>(last)</span> <span>(first)</span> <span>(m.i.)</span> </div>				
If your name has been legally changed since you last updated your information with this office, complete the following and <b>ATTACH DOCUMENTS*</b> which substantiate the change.					
<b>Former Name</b> (name at time of certification or last documented update filed with this office)					
<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding: 0 10px;"> <span>(last)</span> <span>(first)</span> <span>(m.i.)</span> </div>					
<b>Social Security Number</b>					
<b>CA Driver's License</b>					
<b>Date of Birth</b>					
<b>NEW Address:</b>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding: 0 10px;"> <span>(number/street)</span> <span>(city)</span> <span>(state)</span> <span><b>(COUNTY)</b></span> <span>(zip)</span> </div>				
<b>FORMER Address:</b>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding: 0 10px;"> <span>(number/street)</span> <span>(city)</span> <span>(state)</span> <span><b>(COUNTY)</b></span> <span>(zip)</span> </div>				
<b>New: Home &amp; Work Phone</b>	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>(    )</span> <span>(    )</span> <span>ext.</span> </div>				
<b>FAX</b>	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>(    )</span> </div>				
<b>Pager &amp; email</b>	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>(    )</span> </div>				
<b>Certification Information</b>	Provide the year you passed the exam to become certified:				
	Provide your certification number and language:				
	<b>PLEASE SIGN</b> (not valid without signature):				